## Appendix 5 Off-Site Shipment of Site Generated Wastes



#### Massachusetts Department of Environmental Protection

Bureau of Waste Site Cleanup

W 0 # NO 654056

BILL OF LADING (pursuant to 310 CMR 40.0030)

7× FBIN NON REG.

Release Tracking Number\*

BWSC-012A

-	N/A				
		301	. (	46	445

Street: 300 Canal Street				Location Aid		A	
				ZIP Code:	01840	***	
City/Town: Lawrence	7 / 18	/ 03	to 8	/ 18	1 03		****
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Additional Release Tracking	Numbers Associated	, with this bill of I	Lading:				
*1	Note: If this Bill of L					prior to	
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Name of Organization:	Clean Harbors of	Andover, LLC		— Title	o: Sr Compl	iance Manager	
Name of Contact: Jes	an Soltys 221 Sutton Street	•			e. <u>St. Compr</u>	ance Manager	
			State:	– MA	Zip Code:	01845	
City/Town: North And Telephone: 987 -	<del>-</del> 683 -	<b>-</b> 1002	Ext.	1012 (	EIP 0000.	01040	
. Jopinono. <u>301</u>					-		
ASSOCIATED WIT (check one/specify)  X RP Specify (circle of	one): X Owner	Operator	Generator	Transporter	Other RP:		
PRP Specify (circle of	one): Owner	Operator	Generator	Transporter	Other PRP:		
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	a Diabt of Mar.						
Agency/Public Utility on	a rsignii oi vvay						
Agency/Public Utility on	a rtigiit of vvay						
☐ Other Person:		response action	associated with	— the Bill of Lad	ling, provide on a	n attachment the	name.
	is not conducting the	response action	n associated with ea code and exte	— the Bill of Lad nsion, for eac	ling, provide on a h, if known.	n attachment the	name,
Other Person:  If an owner and/or operator contact person, address and	is not conducting the d telephone number,	including any are	ea code and exte	— the Bill of Lad nsion, for eac	ling, provide on a h, if known.	n attachment the	name,
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Other Person:  If an owner and/or operator contact person, address and  TRANSPORTER/C  Transporter/Common Carrie	is not conducting the ditelephone number,  OMMON CARRIE r Name: Clean	including any are	ea code and exte	nsion, for eac	h, if known.		name,
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TRANSPORTER/C Transporter/Common Carrie Contact Person: Ke Street: 1 Hill Avenue City/Town: Braintree Telephone: 781	is not conducting the delephone number,  OMMON CARRIE  r Name: Clean  evin Realini  849	ER INFORMA Harbors Enviro	ea code and exte	nsion, for eac	h, if known.  Logistics Cod	ordination	name,
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### Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

Release	Iracking	Number

BILL OF LADING (pursuant to 310 CMR 40.0030)

RECEIVING FACILITY/TEMPORARY STORAGE I Temporary Storage Address:	LOCATION (continued):	
Street:City/Town:	State:	Zip Code:
DESCRIPTION OF REMEDIATION WASTE:		
(check all that apply)		
— · · · · · · · · · · · · · · · · · · ·	oundwater Surface Water	Other:
· · · · · · · · · · · · · · · · · · ·	Construction Waste	Vegetation/Organic Materials
Inorganic Absorbant Materials Other:	Non assess Dhana Linui	id Others
Non-hazardous Uncontainerized Waste (circle all that apply):	Non-aqueous Phase Liqui	
Non-hazardous Containerized Waste (circle all that apply):	Tank Bottoms/Sludges	Containers Drums
Engineered Impoundments Other:	Discol Final #2 Oil #	#4 O'! #0 O'! NAL O'!
Type of Contamination (circle all that apply): Gasoline  Kerosene Jet Fuel Other:	Diesel Fuel #2 Oil #	#4 Oil #6 Oil Waste Oil
	Tong	Othor
Estimated Volume of Materials: Cubic Yards:	Tons:	Other:
Contaminant Source (check one/specify):		
Response Action Associated with Bill of Lading (circle one):	Immediate Response Acti	on Release Abatement Measure
	Limite d Demonstration (LDA)	
Utility-Related Abatement Measure	Limited Removal Action (LRA)	Comprehensive Response Action
Utility-Related Abatement Measure Other (specify):		Comprehensive Response Action
Utility-Related Abatement Measure Other (specify):  Remediation Waste Characterization Support Documentation attac  Site History Information  Sampling and Analytical Met	ched: hods and Procedures X Labo	oratory Data Field Screening Data
Utility-Related Abatement Measure Other (specify):  Remediation Waste Characterization Support Documentation attac  Site History Information Sampling and Analytical Met If supporting documentation is not appended, provide an attachme was previously submitted to DEP.  LICENSED SITE PROFESSIONAL (LSP) OPINION	ched:  chods and Procedures X Labour	oratory Data Field Screening Data
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Other (specify):  Remediation Waste Characterization Support Documentation attact Site History Information Sampling and Analytical Metilif supporting documentation is not appended, provide an attachme was previously submitted to DEP.  LICENSED SITE PROFESSIONAL (LSP) OPINION Name of Organization:  URS Corporation  LSP Name:  Gary Garfield  Telephone:  603 893 0616 Ext attest that I have personally examined and am familiar with the information count in my professional opinion and judgement based upon application of the standard of care in 309 CMR 4.02(1),  (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and  (iii) the provisions of 309 CMR 4.03(5),  to the best of my knowledge, information and belief, the assessment actions unsubmittal for acceptance at the facility identified in this submittal. I arrand imprisonment, if I submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of the submit information which I know to be false, inaccurate of th	ched:  chods and Procedures	pratory Data Field Screening Data on with what document such information  Director of Engineering  and all documents accompanying this submittal,  The Waste which is (are) the subject of this 2000, and such facility is permitted to accept
Utility-Related Abatement Measure  Other (specify):  Remediation Waste Characterization Support Documentation attact  Site History Information Sampling and Analytical Metil  If supporting documentation is not appended, provide an attachme was previously submitted to DEP.  LICENSED SITE PROFESSIONAL (LSP) OPINION  Name of Organization: URS Corporation  LSP Name: Gary Garfield  Telephone: 603 - 893 - 0616 Ext  I attest that I have personally examined and am familiar with the information countered and in my professional opinion and judgement based upon application of the standard of care in 309 CMR 4.02(1),  (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and	ched:  chods and Procedures	pratory Data Field Screening Data on with what document such information  Director of Engineering  and all documents accompanying this submittal,  The Waste which is (are) the subject of this 2000, and such facility is permitted to accept

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### Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

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N/A	

ompanying this certification, and that, based on my tained herein is, to the best of my knowledge and be sible fines and imprisonment, for wilfully submitting nature:	pelief, true, accurate and complete.	I am aware that there		
ne of Person (print): Jean Soltys			 	
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Massachusetts Department of Environation  Bureau of Waste Site Cleanup	nmental Protection BWSC-012B
BILL OF LADING (pursuant to 310 CMR 40.00	Release Tracking Number
D E P LOG SHEET 1 OF1	- N/A
I. LOAD INFORMATION:  LOAD 1: Signature of Transporter Representative:  Date of Shipment:  Time of Shipment:  Of 12/103	Receiving Facility/Temporary Storage Representative:  ***
Date of Shipment: Time of Shipment  Truck/Tractor Registration: Trailer Registration (if any):  PAGE 125 127 1 : 0 (circle one) am/on  Truck/Tractor Registration: Trailer Registration (if any):  PAGE 123 011	Date of Receipt: Time of Receipt:  / / (circle one) am/pm Load Size (cu. yds./tons):
LOAD 3: Signature of Transporter Representative:  Date of Shipment: Time of Shipment:  (circle one) am/pm  Truck/Tractor Registration: Trailer Registration (if any):	Receiving Facility/Temporary Storage Representative:  Date of Receipt: Time of Receipt:  (circle one) am/pm Load Size (cu. yds./tons):
LOAD 4: Signature of Transporter Representative:  Date of Shipment: Time of Shipment:  (circle one) am/pm  Truck/Tractor Registration: Trailer Registration (if any):	Receiving Facility/Temporary Storage Representative:  Date of Receipt: Time of Receipt:  (circle one) am/pm Load Size (cu. yds./tons):
Date of Shipment: Time of Shipment: (circle one) am/pm  Truck/Tractor Registration: Trailer Registration (if any):	Receiving Facility/Temporary Storage Representative  Date of Receipt: Time of Receipt:  / /
LOAD 6: Signature of Transporter Representative:  Date of Shipment: Time of Shipment:	Receiving Facility/Temporary Storage Representative  Date of Receipt: Time of Receipt:
Truck/Tractor Registration: Trailer Registration (if any):  LOAD 7: Signature of Transporter Representative:	(circle one) am/pm  Load Size (cu. yds./tons):  Receiving Facility/Temporary Storage Representative
Date of Shipment:  Time of Shipment:  (circle one) am/pm  Truck/Tractor Registration:  Trailer Registration (if any):	Date of Receipt:  / /
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	int or type. (Form designed for u	se on elite (12-pitch) typewriter.)			Form App	roved. OMB	No. 2050-0039. E	xoires 9-30
_	NIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator's US EPA ID No.	Manifest Do		22. Page	Inform	ation in the sha required by Fed	ded areas
23.	Generator's Name and Mailing	Address	~ .		L. State	Manifest D	ocument Numb	er
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	Masschusetk	Dp7 8 F F 1/2. Name 25.	no for sect	jon				
24.    Cle	ean Harbors Env.	Name 25. Services Inc MAI	US EPA ID Numb 0039322250	er	N. State O. Transi	Fransporte	r's IDHWH16(	00763
	Transporter Company		US EPA ID Numb	er	P. State	ransporte	rs ID	19-18
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S. Add	 ditional Descriptions for Materia	lls Listed Above		T	Handling	ades for V	Vastes Listed At	
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32. Spe	ecial Handling Instructions and	Additional Information						
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	sporter Acknowledgem	ent of Receipt of Materials				·	Date	
int	ted/Typed Name	Si	gnature -				Month Day	Year
35. Disc	repancy Indication Space		<u></u>	· .				
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### Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

		suant to 310 CMR 40.0030)	Release Tracking Number  N/A
K. SUMMARY OF	SHIPMENTS:		Ţ
DATE OF SHIPMENT:		NUMBER OF LOADS SHIPPED:	DAILY VOLUME SHIPPED (CU. YDS./TONS):
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SUMMARY SHEET T BILL OF LADING TOTAL SHI			



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## Massachusetts Department of Environmental Protection Bureau of Waste Site Cleanup

	BILL OF LADING (pursuant to 310 CMR 40.0030)	Release Tracking Number
	DEP SUMMARY SHEET	- N/A
	ACKNOWLEDGEMENT OF RECEIPT OF REMEDIATION WASTE AT TEMPORARY STORAGE LOCATION:	RECEIVING FACILITY OR
	Receiving Facility/Temporary	
	Location Representative (print): CLEAN HARBORS BALTIMORE	Date: Of 102103
	Signature: (ASE) W. M.	
Λ.	ACKNOWLEDGEMENT OF SHIPMENT AND RECEIPT OF REMEDIATE CONDUCTING RESPONSE ACTION ASSOCIATED WITH THIS BILL	1
	I certify under penalties of law that I have personally examined and am familiar with the infordocuments accompanying this certification, and that, based on my inquiry of those individual the materal information contained herein is, to the best of my knowledge and belief, true, accompanying, but not limited to, possible fines and imprisonment, for wilfully submitting	Is immediately responsible for obtaining the information, curatand complete. I am aware that there are significant
	Signature:	Date: 9 / /8 / 03 ·
	Name of Person (print). Jean Soltys	

the event



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

#### STATE OF MAINE

HO846462

Form Approved. OMB No. 2050-0039.

DEPARTMENT OF ENVIRONMENTAL PROTECTION Hazardous Waste MANIFEST SECTION, State House, Station 17, Augusta, ME 04333

Manifest 2. Page 1 Information in the shaded required by Federal law required by State Law. 1. Generator's US EPA ID No. UNIFORM HAZARDOUS WASTE MANIFEST M|A|D|0|0|0|6|0|4|4|4|7 3. Generator's Name and Mailing Address
Clean Harbers Andower LL
ATTIN SOLATION A. State Manifest Document Number FACILITY MAILS TO GENERATOR 183814 ME A Juman Street North Andover MA 01845 300 Canal Stree Generator's Phone ( MA US EPA ID Number Transporter 1 Company Name FAW HARBORS ENV STAVICES F. Transporter's Phone 9. Designated Facility Name and Site Address G. State Facility's ID Clean Harbors Env Services Inc 923001999 37 Rummery Road H. Facility's Phone So Portland, ME, 04106 207 799-8111 1 8 12. Containers 13. 14. Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity No. Type Waste No FPA a NON DOT REGULATED MATERIAL , NON DOT HAZARDOUS, NONE, MONE 0 0 5 TIP 011151010 GENERATOR State FPA State 武·福 **EPA** d. State Codes for Wastes Listed Above K. Handling Interim J. Additional Descriptions for Materials Listed Above d. 15. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY # (800) 463-3748 11a: CH30560 Point of Departure: GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Signature Day Year Month Date 17. Transporter 1 Acknowledgement of Receipt of **Materials** Inted/Typed Name 18. ransporter 2 Acknowledgement or Month Day rinted/Typed Name KHABL S 19. Discrepancy Indication Space Maine,  $\infty$ 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. spill with  $\omega$ Date  $\infty$ Month - Day Printed/Typed Name Signature EPA Form 2700-22 (Rev. 1-91) Previous editions are obsolets.

BILLING CODE 6560-50-C





#### COMMONWEALTH OF MASSAURUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF HAZARDOUS MATERIALS

One Winter Street Boston, Massachusetts 02108

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Please print or type.	(Form design	ed for use or	n elite (12-pitch)	typewrite

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325499 COPY>3: FACILITY MAILS TO GENERATOR

ſ		UNIFORM HAZARDOUS 1. Generator's US EPA ID WASTE MANIFEST	) No.	Manifest Document No.			Page 1 Information in the shaded areas is not required by Federal law.				
1		was a some of the same of the	47	2549	 	COLUMN TWO IS NOT THE OWNER.	or   State Manifest Do				
	ľ	3. Generator's Name and Mailing Address 💮 ്രൂരു 💫 🛶		and	MAQ :	375	499				
1		Dietary Archiese, John Charles De. 1991 and				8	State Gen ID	767	400		
			dover, MA	01845					•		
		4. Generator's Phone ( マラビン) にはて、いかな	C. State Trans. ID								
		5. Transporter 1 Company Name		A ID Number	4.			All Labour			
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		7. Transporter 2 Company Name	8. US EP/	A ID Number		E.	State Trans. ID	ie ( ) (	31) 849-1800		
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Form approved OMB No. 2050-0039. EPA Form 8700-22 (Rev. 9-94) Previous editions are obsolete.

# DEPARTMENT OF ENVIRONMENTAL PROPERTION & Hazardous Waste MANIFEST SECTION, State House, Station 17, Augusta, ME 04333

221 Sutton Street North Andover, MA 01845 Generator's Phone (Company Name) Clean Harbors Env Services Inc 300 Canal St. Lawrence MA Generator's Phone (Company Name) Clean Harbors Env Services Inc 37. Transporter 2 Company Name 8. US EPA ID Number 9. Designated Facility Name and Site Address Clean Harbors Env Services Inc 37 Rummery Road So Portland, ME, Q4108 ME D 9 8 0 6 7 2 1 9 2  MIE D 9 8 0 6 7 2 1 9 2  MIE D 9 8 0 6 7 2 1 9 2  ANON DOT REGULATED MATERIAL , NON DOT HAZARDOUS , NONE, NONE  D.  G. S.T.I. (Lic. Plate #) ME. G19Q01  Transporter's Phone 781 849-18  E.S.T.I. (Lic. Plate #) ME. G19Q01  F. Transporter's Phone 781 849-18  G. S.T.I. (Lic. Plate #) ME. G19Q01  F. Transporter's Phone 79 2 9 9 9  H. Facility's Phone 9 9 9 9  G. State Facility's Phone 9 9 9 9  H. Facility's Phone 9 9  H. Facility's Phone 9 9 9 9  H. Facility's Phone 9 9  H.	Hazardious Waste W.	(2 citaly) typewriler \	Form Approved. OMB No. 2050-0039.					
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Signature   Printe Discrepancy Indication of receipt of hazardous materials covered by this manifest except as noted in Item 19.    Date   Printe Discrepancy   Printe Discrepa	T 17. Transporter 1 Acknowledgement of 11835.	Signatue	Month	<i>)ay</i> 1 <b>0</b> !				
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EPA Form 8700-22 (Rev. 1-91) Previous editions are obsolete.

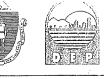


#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

One Winter Street Boston, Massachusetts 02108

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DIVISION OF HAZARDOUS MATERIALS

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		UNIFORM HAZARDOUS WASTE MANIFEST	111AD 00060445	and the second	43119			t   .	ot require	the shaded areas d by Federal law.
	-	Generator's Name and Mailing A			) / ( )	1110				
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		ZZI Sutton St. Wo	B.	State Gen ID	time a few	I more were the				
		4. Generator's Phone ( )	300 Canal Street, Lawrence M							
		5. Transporter 1 Company Name . 6. US EPA ID Number Put 339								~ 11
	.  -	7. Transporter 2 Company Name	onmental Je inc	8. US EPA II	24-65-613		D.	Transportarie Pho	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	849-1800
		7. Transporter 2 Company Name	. [	b. OSEFAIL	raumbei		E.	State Trans. ID	7.1G ( 9 6,	1) 6 / 8 16 9 0
٠.	-	Designated Facility Name and S	ite Address	I 10. US EPA II	Number					
302		9. Designated Facility Name and S Clean Harbors & Bra	intere to	10. 00 LI A IL	Rumber		F.	Transporter's Pho	one (	)
87		THII A.O	Sales Sales Sales Contract	2	μ-		G.	State Facility's ID	NO	T REQUIRED
424		1 Hill Ave. Braintree, MA 021	x 4	MAD 0534	5263"		Н.	Facility's Phone	(781	849-1807
6		•			-	12. Conta	20,5	,	14. Unit	l.
8		11. US DOT Description (Including P	roper Shipping Name, Hazard Ci	ass and ID Number;	time.	No.	Туре	13. Total Quantity	Wt/Vol	Waste No.
Je.		a. Al. act a. I. A	matail							
Center (800) 424-8802.		"Non DOT Regulated	Profesion			1	CM	d'o	IV	MAGG
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ψį		J. Additional Descriptions for Materials L		ate and hazard code	)		K. Hai	ndling Codes for	Wastes I	Listed Above
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E	Ī	15. Special Handling Instructions and Ad	Iditional Information	estin						
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Spi								20		J 1 6
ō		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway								
Š		according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be ec								
emėrgency		ble and that I have selected the practica	ble method of treatment, storage, or di	isposal currently availal	le to me which	minimizes t	ne presen	t and future threat to	human hea	alth and the envi-
Jer		ronment; OR, if I am a small quantity get and that I can afford.	nerator, I have made a good faith effor	t to minimize my waste	generation and	select the D	est waste	management metho	od that is av	allable to me
e										Date Vear
o Of	- 1	Printed/Typed Name Jean Soltus		Signature C-AY	Sug 27	ar.			-	ionth Day Year
case	+	17. Transporter 1 Acknowledgement of	Receipt of Materials	1 / /	CO STATE			agrae de la companya		Date
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	L	20. Facility Owner or Operator: Certifica	tion of receipt of hazardous mate	rials covered by this	manifest exc	cept as not	ed in Ite	m 19.		
l	Ī									Date
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